

# City of Casper

## Protocol for Children Exposed to Methamphetamine Lab and Distribution Sites

### **#1 FIELD MEDICAL ASSESSMENT PROTOCOL**

The field medical assessment is performed to determine whether children discovered at the scene of a methamphetamine laboratory seizure or distribution site are in need of **emergency medical care**. The assessment must be performed by a medically trained person (e.g. EMT, MD, PA, RN). If no medical personnel are available on-site, the child must be seen at the Wyoming Medical Center. In either case, a medical assessment should be performed on each child **within 2 hours** of discovering children at a methamphetamine lab and/or distribution site.

#### **STEPS:**

1. For children with obvious injury or illness call 911.
2. For all children who are not obviously critical, perform a field medical assessment consisting of:
  - A. Vital signs (temperature, blood pressure, pulse, respiration)
  - B. Pediatric Triangle of Assessment (Airway, Breathing, Circulation)
3. For life-threatening findings, seek immediate medical attention (*See Protocol #2*) Transport to the Wyoming Medical Center.
4. A child's personal possessions should always be left at a lab or distribution site to avoid possible chemical/drug contamination in other settings. **ONLY** in cases of gross chemical/drug contamination is it necessary to remove a child's clothing and provide clean attire prior to removing the child from a site. (***Contaminated clothing remains at the site and is collected/bagged as evidence.***)
5. If there are no pressing clinical findings, short-term shelter or other secure placement should be implemented by child welfare personnel.

### **#2 IMMEDIATE CARE PROTOCOL**

Problems requiring immediate care are those that cannot wait 24 hours to be treated at the baseline exam (*See Protocol #3*). Immediate care must be provided as soon as possible after significant health problems are identified. Preferably, care should be provided within 2 hours, but no later than 4 hours after the child is identified at a lab or distribution site. Immediate care may be provided at the Wyoming Medical Center depending on the severity or urgency of the problem. If a field medical assessment was not provided, as outlined in protocol #1, children should be taken to the Wyoming Medical Center within 2 hours for the medical assessment.

#### **STEPS:**

1. Perform the field medical assessment (*Follow protocol #1 if not already done in the field*).
2. Administer tests and procedures as indicated by clinical findings. A urine specimen should be collected from each child within 12 hours of identification because some chemicals/drugs are eliminated in a short time. Use appropriate chain of evidence procedures and request a urine screen and confirmatory test results to be reported at any detectable level. (*Initial medical screen and submission to DCI Crime Lab for analysis recommended*).
3. Call poison control if clinically indicated #1-800-876-4766.
4. Follow baseline assessment (*See Protocol #3*) if appropriate and schedule baseline assessment exam to be completed within 24 hours of lab or distribution site seizure.
5. **OBTAIN MEDICAL RECORDS RELEASE** and provide to all appropriate parties to insure continuity of care.
6. DFS personnel should evaluate placement options and implement short-term shelter care for child.

### **#3 BASELINE ASSESSMENT PROTOCOL**

The baseline assessment exam is performed at the Wyoming Medical Center or other Certified Pediatric Facility within 24 hours of the methamphetamine lab or distribution site seizure. This will ascertain the child's general health status. Prompt medical assessment is warranted due to the risk of toxicological, neurological, respiratory, dermatologic, or other adverse effects of methamphetamine lab chemical and/or other stimulant exposure, and the risk of neglect/abuse.

#### **STEPS:**

1. Obtain child's medical history by calling parents directly for this information or, if impossible, seek information from CPS workers who have taken medical histories.
2. Perform complete pediatric physical exam to include as much of the Early Pediatric Screening, Detection, and Treatment (EPSDT) exam as possible. Pay particular attention to:
  - A. Neurological screen
  - B. Respiratory rate
3. Contact poison control if clinically indicated #1-800-876-4766.
4. Required clinical evaluations.
  - A. Temperature
  - B. Liver function tests: SGPT, SGOT, Total Bilirubin and Alkaline Phosphatase
  - C. Kidney function tests: BUN and Creatinine
  - D. Baseline electrolytes: Sodium, Potassium, Chloride and Bicarbonate
  - E. CBC
  - F. If not performed earlier, a urine specimen should be collected. This should be done within 12 hours of identification of the child because some chemicals/drugs are eliminated in a short time. Urine screen and confirmatory test results should be reported at any detectable level.

NOTE: If any tests are run for forensic purposes, chain of evidence procedures with confirmatory test results must be used, if available and feasible for the child, the following tests may be added to the above list:

**Optional Clinical Evaluations:**

- G. Complete metabolic panel (Chem. 20 or equivalent)
- H. Pulmonary function tests
- I. Oxygen saturation
- J. Heavy metals screens

NOTE: Heavy metals screen is indicated only if the methamphetamine lab was **NOT** ephedrine-reduction or cold cook methods, (e.g. if phenyl-2-propanone method was used, or clinically indicated).

5. Conduct Suspected Child Abuse and Neglect (SCAN) team evaluation (if indicated).
6. Conduct a developmental screen. This is an initial age appropriate screen, not a full scale assessment; it may require a specialist.
7. Provide a mental health screen and crisis intervention services as clinically indicated. These services require a qualified pediatrician or mental health professional and may require a visit to a separate facility.
8. **OBTAIN A MEDICAL RECORDS RELEASE.** All medical records associated with each child must accompany the case file for purposes of continuity of care.
9. For any positive findings, follow up with appropriate care as necessary. ALL children must be provided long term follow up care (See Protocol #5) using specified schedule.
10. Long term shelter and placement options should be evaluated and implemented by a CPS worker.

#### **#4 INITIAL FOLLOW-UP CARE PROTOCOL**

A visit for initial follow-up care occurs within 30 days of the baseline assessment to reevaluate the comprehensive health status of the child, identify any latent symptoms, and ensure appropriate and timely follow-up services as the child's care plan and placement are established. If possible, the visit should be scheduled late in the 30 day time frame for more valid developmental and mental health results.

**STEPS:**

1. Follow-up of any baseline test results.
2. Perform a developmental examination (*Using instruments such as the Denver, Gesell, and Bayley*) as indicated by developmental screen in Protocol #3.
3. Conduct mental health history and examination. (*Requires qualified pediatric professional*)
4. If abnormal findings on any of the above, schedule intervention and follow-up as appropriate to the findings; then proceed with long-term follow-up protocol (See Protocol #5). If no abnormal findings, schedule visits per long term follow-up care protocol (Protocol #5).
5. Adequacy of child's shelter/placement situation should be reviewed by CPS worker and modified as necessary.

#### **#5 LONG-TERM FOLLOW-UP CARE PROTOCOL**

Long-term follow-up care is designed to: 1) monitor physical, emotional, and developmental health, 2) identify possible late developing problems related to exposure to the methamphetamine environment, and 3) provide appropriate intervention. At minimum, a pediatric visit is required 12 months after the baseline assessment. Children considered to be Drug Endangered Children (DEC) cases should receive follow-up services a minimum of 18 months post identification.

**STEPS:**

**Required Components of Follow-Up Care**

1. Pediatric Care Visits. The visits should occur according to the American Academy of Pediatrics schedule.
  - A. Follow-up previously identified problems.
  - B. Perform comprehensive (EPSDT) physical exam and laboratory examination with particular attention to:
    - a. Liver function (repeat panel at first follow-up only).
    - b. Respiratory function (history of respiratory problems, asthma, recurrent pneumonia, check for clear breath sounds)
    - c. Neurological evaluation.
  - C. Perform full developmental screen.
  - D. Perform mental health evaluation by licensed child mental health professional.
2. Plan follow-up treatment or adjust existing treatment for any medical problems identified. Medical records should continue to accompany the child's course of care.
3. Adequacy of child's shelter/placement situation should be reviewed by CPS worker and modified as necessary.
4. Plan follow-up strategies for developmental, mental health or placement problems identified.

**Optional Enhancements to Follow-Up Care**

1. Conduct pediatric care visits including developmental screen and mental health evaluation at 6, 12, and 18 months following the baseline assessment.
2. Conduct home visits by pediatric trained RN at 3, 9, 15, and 18 months post-baseline assessment. Ensure that home visits occur between the pediatric clinic visits until the last visit at 18 months.

<p style="text-align: center;">Community Service Provider Numbers</p>
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